

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re : Case No. 05-44481
DELPHI CORPORATION, ET AL. : Chapter 11, Jointly Administered
Debtors : Claim No. SEE **EXHIBIT B**
\$1,260,331.99

NOTICE TO TRANSFER OF CLAIM PURSUANT TO FRBP 3001(e)(2)

To: ("Transferor") Linamar Corporation
287 Speedvale Avenue W.
Guelph, ON, Canada N1H 1C5

Please take notice that the transfer of 100% of your Claim(s) (as defined in **Exhibit A** and **B** hereto), in the amount of \$1,260,331.99 in the bankruptcy case referenced above, together with all applicable interest, fees and expenses thereto, has been transferred (unless previously expunged by court order) to:

From: ("Transferee") APS Capital Corp.
Attn: Matthew Hamilton
1301 Capital of Texas Hwy,
Suite No. B-220
Austin, Texas 78746

Evidence that Transferor has assigned all of its right, title and interest in the Claim(s) to Transferee is attached hereto as **Exhibit A**.

No action is required if you do not object to the transfer of your claim. HOWEVER, IF YOU OBJECT TO THE TRANSFER OF YOUR CLAIM, WITHIN TWENTY (20) DAYS OF THE DATE OF THIS NOTICE, YOU MUST FILE A WRITTEN OBJECTION WITH:

United States Bankruptcy Court
Southern District of New York
Attn: Clerk of the Court
One Bowling Green
New York, NY 10004

If you file an objection a hearing will be scheduled. If you do not file an objection, or it is not timely filed, the transferee will be substituted on the Court's records as the Claimant. SEND A COPY OF YOUR OBJECTION TO THE TRANSFEREE.

EXHIBIT A
EVIDENCE OF TRANSFER

Linamar Corporation having a mailing address at 287 Speedvale Ave. W., Guelph, ON, Canada N1H 1C5 ("Assignor") transfers and assigns unto APS Clearing, Inc. its successors and assigns ("Assignee"), pursuant to the terms of that certain Assignment of Claim Agreement, of even date herewith (the "Agreement"), all of it's right, title and interest in and to those certain proofs of claim, identified on the attached Schedule of Claims, as further identified in each Assignor's duly and timely filed Proof of Claim (the "Proof of Claim") against Delphi Automotive Systems, LLC (the "Debtor"), filed in the United States Bankruptcy Court, Southern District of New York ("Bankruptcy Court"), jointly administered under Case No. 05-44481.

Assignor hereby waives to the fullest extent permitted by law any notice or right to a hearing as may be imposed by Rule 3001 of the Federal Rules of Bankruptcy Procedure, the Bankruptcy Code, applicable local bankruptcy rules or applicable law. Assignor acknowledges and understands, and hereby stipulates, that an order of the Bankruptcy Court may be entered without further notice to Assignor transferring to Assignee the foregoing Claims and recognizing the Assignee as the sole owner and holder of the Claims. Assignor further directs the Debtor, the Bankruptcy Court and all other interested parties that all further notices relating to the Claims, and all payments or distributions of money or property in respect of the Claims, shall be delivered or made to the Assignee.

IN WITNESS WHEREOF, the Assignor and the Assignee have caused this Assignment to be duly executed as of August 30 2006.

ASSIGNEE:

APS CLEARING, INC.

By: [Signature]

Name: Matthew Hause

Title: Managing Director

ASSIGNOR:

LINAMAR CORPORATION

By: [Signature]

Name: M. Mulligan

Title: Expo Dept

EXHIBIT B
SCHEDULE OF CLAIMS

<u>Original Creditor Name</u>	<u>Debtor</u>	<u>Proof of Claim No(s).</u>	<u>Proof of Claim Amount</u>
Linamar Corporation	Delphi Automotive Systems, LLC	10261, 10262, 10900	\$1,260,331.99

EXHIBIT C
PROOF OF CLAIMS

United States Bankruptcy Court Southern District of New York

PROOF OF CLAIM

Name of Debtor

DELPHI AUTOMOTIVE SYSTEMS, LLC

Case Number

05-44640**See below

This Space For Court Use Only

10261

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Claim #10261
USBC SDNY
Delphi Corporation, et al.
05-44481 (RDD)

Name of Creditor (The person or other entity to whom the debtor owes money or property):

LINAMAR CORPORATION

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

Received

AUG 02 2006

Kurtzman Carson

This Space For Court Use Only

Name and Address where notices should be sent:

c/o Susan M. Cook
Lambert, Leser, Isackson, Cook & Giunta, PC
916 Washington Avenue, Suite 309
Bay City, Michigan 48708

Telephone Number: (989) 893-3518

Last four digits of account or other number by which creditor identifies debtor:

** This is a duplicate claim of
Check here replaces similar claim filed against
if this claim amends a previously filed claim dated: Delphi Corp.

1. Basis for Claim

Goods Sold / Services Performed * See attached.

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Customer Claim

Wages, salaries, and compensation (fill out below)

Taxes

Last four digits of your SS #: _____

Money Loaned

Unpaid compensation for services performed

Personal Injury

from _____ to _____

Other _____

(date) (date)

2. Date debt was incurred:**3. If court judgment, date obtained:****4. Classification of Claim.** Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.

See reverse side for important explanations.

Unsecured Nonpriority Claim \$ 1,260,331.99

Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

Secured Claim.

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

Real Estate Motor Vehicle Other _____

Value of Collateral \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

Unsecured Priority Claim.

Check this box if you have an unsecured claim, all or part of which is entitled to priority

Amount entitled to priority \$ _____

Specify the priority of the claim:

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. Total Amount of Claim at Time Case Filed: \$ 1,260,331.99 1,260,331.99
(Unsecured) (Secured) (Priority) (Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

This Space For Court Use Only

Date:

7/20/2006

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).
Susan M. Cook, Attorney for Linamar Corporation

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571



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United States Bankruptcy Court Southern District of New York

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PROOF OF CLAIM

This Space For Court Use Only

10262

Claim #10262
USBC SDNY
Delphi Corporation, et al.
05-44481 (RDD)

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

LINAMAR CORPORATION

Name and Address where notices should be sent:

c/o Susan M. Cook
Lambert, Leser, Isackson, Cook & Giunta, PC
916 Washington Avenue, Suite 309
Bay City, Michigan 48708

Telephone Number: (989) 893-3518

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

Received

AUG 02 2006

Kurtzman Carson

This Space For Court Use Only

Last four digits of account or other number by which creditor identifies debtor:

Check here replaces _____
if this claim amends a previously filed claim dated: _____

1. Basis for Claim

Goods Sold / Services Performed * See attached.

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Customer Claim

Wages, salaries, and compensation (fill out below)

Taxes

Last four digits of your SS #: _____

Money Loaned

Unpaid compensation for services performed

Personal Injury

from _____ to _____

Other

(date) (date)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.
See reverse side for important explanations.

Unsecured Nonpriority Claim \$ 1,260,331.99

Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.

Secured Claim.

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

Real Estate Motor Vehicle Other _____

Value of Collateral \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

Unsecured Priority Claim.

Check this box if you have an unsecured claim, all or part of which is entitled to priority

Amount entitled to priority \$ _____

Specify the priority of the claim:

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. Total Amount of Claim at Time Case Filed: \$ 1,260,331.99 1,260,331.99
(Unsecured) (Secured) (Priority) (Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date:

7/20/2006

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):
Susan M. Cook, Attorney for
Linamar Corporation

This Space For Court Use Only

Penalty for presenting a fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571



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United States Bankruptcy Court Southern District of New York

PROOF OF CLAIM

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Received**AUG 02 2006****Kurtzman Carson**Claim #10900
USBC SDNYDelphi Corporation, et al.
05-44481 (RDD)

Name of Debtor DELPHI AUTOMOTIVE SYSTEMS, LLC	Case Number 05-44640
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	

Name of Creditor (The person or other entity to whom the debtor owes money or property):

LINAMAR CORPORATION

Name and Address where notices should be sent:

c/o Susan M. Cook
 Lambert, Leser, Isackson, Cook & Giunta, PC
 916 Washington Avenue, Suite 309
 Bay City, Michigan 48708

Telephone Number: (989) 893-3518

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

This Space For Court Use Only

Last four digits of account or other number by which creditor identifies debtor:

Check here replaces
if this claim amends a previously filed claim dated: _____

1. Basis for Claim

 Goods Sold / Services Performed * See attached. Retiree benefits as defined in 11 U.S.C. § 1114(a) Customer Claim Wages, salaries, and compensation (fill out below) Taxes

Last four digits of your SS #: _____

 Money Loaned

Unpaid compensation for services performed

 Personal Injury

from _____ to _____

 Other

(date) (date)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.

See reverse side for important explanations.

Unsecured Nonpriority Claim \$1,260,331.99 Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

Secured Claim.

 Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

 Real Estate Motor Vehicle Other _____

Value of Collateral \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

Unsecured Priority Claim.

 Check this box if you have an unsecured claim, all or part of which is entitled to priority

Amount entitled to priority \$ _____

Specify the priority of the claim:

 Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. Total Amount of Claim at Time Case Filed: **\$ 1,260,331.99** 1,260,331.99
 (Unsecured) (Secured) (Priority) (Total)

 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

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DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date:

7/24/06

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).

Susan M. Cook, Attorney for Linamar Corporation

This Space For Court Use Only

RECEIVED

11 25 2006

CLAIMS PROCESSING CENTER
USBC, SDNY

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571



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